
	<h2 style="margin: 0;">Claim # L9706838</h2>	
<ul style="list-style-type: none"> Your form has been sent to the claims division. Please PRINT THIS FORM for your records before returning to main screen. 		

STORE TYPE

Store/Location number : 3401
 Base division number : 01 - WAL-MART ASSOCIATES - US

STORE/LOCATION INFORMATION

Address : 6149 OLD NATIONAL HIGHWAY, COLLEGE PARK, GA, 30349
 Phone : 770 9949440
 Manager : OWENS
 Division charged :
 Section code :

CLAIM TYPE

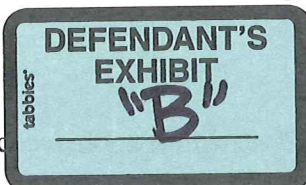
Type of Incident : SLIP/FALL/TRIP Claim involving a customer/member that alleges slip, fall, or trip.

SLIP/FALL INFORMATION

Type of floor : CONCRETE TREATED
 Defects ? No
 Number of photos taken : 8
 Was surface clean ? Yes
 Description : NO TRASH OR OBJECTS
 Was surface dry ? Yes
 Description : —
 Obstructions ? No
 Description : —
 If obstruction merchandise-it's UPC# : —
 Item# : —
 Substance : —
 Source of substance : —
 Amount : —
 Condition of substance : —
 Customer wearing glasses ? No
 Carrying bundles/objects ? No
 Pushing cart ? No
 Shoe type : TENNIS SHOES
 Weather conditions ? DRY,SUNNY

INCIDENT GENERAL INFORMATION

Date of loss : 1/14/2009 12:10:00 PM
 Date facility notified of loss : 1/14/2009
 Accident State : GA
 Claim description : WALKING FAST TO RESTROOM AND FELL
 Does incident involve BI, PD, or both ? Bodily Injury
 Was medical treatment sought at time of incident or mentioned by the customer/member ? No
 Incident Location Information
 Did incident happen on premises ? Yes
 Address where injury occurred : 6149 OLD NATIONAL HIGHWAY, COLLEGE PARK, GA, 30349
 Phone :
 Witness Information
 Name :
 Address : —, —, —, —
 Phone : —
 Associate with facts relating to loss



CLAIMANT # 1

Name : GRANDISON, GWENDOLYN
Title : CUSTOMER SERVICE MANAGER
Associate first on scene
Name : GRANDISON, GWENDOLYN
Title : CUSTOMER SERVICE MANAGER
Store Contact Information
Name : HALE, ADRIAS
Shift : Alternate Shift
Work Phone :
Preparer
Name : HALE, ADRIAS
Title : ASSISTAN MANAGER
Shift : Alternate Shift

Name :

Associate ? No

Sex :

303

Home Phone # : 404 5

Work Phone # : —

Birthdate : 1/27/1990

Driver's License # : —, —

Did customer continue to shop ? No

Was Claimant a Minor ? No

Type of Injuries/Complaints : SMALL CUT ABOVE RIGHT EYE

Was ambulance called ? No

Was MD or hospital involved ? No

Companion Information

Did claimant have a companion ? No

Companion Name : ,

Address : —, —, —, —

Phone : —

Medical Provider Information

Medical provider name : —

Address : —, —, —, —

Phone : —